## **BEST AVAILABLE COPY**

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

FILING DATE

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TOTAL DEP.	38						140.4
TOTAL CLAIMS	146		Ä	9,000	<u> </u>		

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS